

STANDING FRAME-STANDER

Service Authorization Required

COVERAGE AND LIMITATION

CRITERIA/POLICIES

CMN: <u>526</u>

DURABLE MEDICAL EQUIPMENT MANUAL

EFFECTIVE: MARCH 2007 REVISED: April 2017

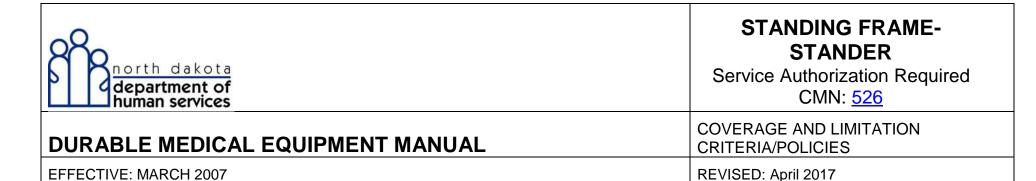
A sit-to-stand stander (E0637) is medical equipment that transitions a member who cannot stand on his or her own from a sitting to an upright standing position, with the ability to stop at any point in between and be supported during incremental weight bearing. This stander may include additional accessories for support.

A multi-position stander (E0638) is medical equipment that transitions a member from the horizontal prone or supine position to an upright standing position. It is angle adjustable to provide graduated weight bearing and pressure. It is designed for either prone or supine standing. This stander may include additional accessories for support

Indications and limitations of coverage and medical appropriateness:

Coverage allowed if the following conditions are present:

- Member can demonstrate tolerance for standing and partial weight bearing.
- Member and/or caregivers demonstrate the capability, and motivation to be compliant in the use of the standing frame.
- Member is unable to stand without the aid of adaptive equipment.
- Effective weight bearing cannot be achieved by any other means.
- Member is unable to stand or ambulate due to long term medical conditions and ambulation will most likely not occur.
- The stander has been tried and used safely by the member.
- Member must be involved in a therapy program established by a physical or occupational therapist. The program must include
 measurable documented objectives related to the member and equipment that includes a written carry over plan to be utilized by the
 member and/or caregiver.
- The member has demonstrated motivation to stand and the member's caregiver is willing and able to carry out a prescribed home standing program.
- The equipment must match the user's needs and ability level.
- Home can accommodate the stander.



Home use only.

- Accessories must contribute significantly to the therapeutic function of the device.
- Designs and accessories primarily for a caregiver's convenience are not considered medically necessary.
- Coverage for ages 0-21 only.
- Replacement allowed every ten years if medically necessary due to irreparable condition.
- If a member has a gait trainer, they are not a candidate for a standing frame. This would be duplication of service.
- Limited to one every ten years.

Documentation Requirements:

Physician script.

Supporting documentation from the physical or occupational therapist demonstrating that the type of stander selected, and each of its components, is medically necessary and is the least expensive device that is appropriate for the member's medical condition. Documentation must include a description of other less expensive devices that were considered and provide a rationale as to why the less expensive devices were not appropriate for the member.

Non-covered:

- A mobile option.
- Power lift option.
- Glider option.



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QUIPMENT MANUAL COVERAGE AND LIMITATION CRITERIA/POLICIES

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Date Revised	Revisions
April 2017	Reviewed and reformatted. Added clarification of coverage criteria. Updated age limits to match to current policy requirement.